

Date: \_\_\_\_\_

Dear Parent/Guardian:

According to our records, your child \_\_\_\_\_ needs the following immunization(s) or records in order to meet the requirements of Missouri State Law (Section 210.003 RSMo). You must provide proof of the required immunization(s) for your child to attend any child care/preschool facility.

Immunizations	Missing Records			
	Dose 1	Dose 2	Dose 3	Dose 4
Diphtheria/tetanus/pertussis (DTaP/DTP/DT)				
Polio (OPV or IPV)				
<i>Haemophilus influenzae</i> type b (Hib)				
Measles/mumps/rubella (MMR)				
Hepatitis B (HB)				
Varicella (VZV) – or –				
Signed statement by parent/guardian indicating date of varicella disease				

Please ensure your child is up-to-date on his/her immunization and provide us a copy of your child's updated records.

Sincerely,